

ILLINOIS RETINA ASSOCIATES, S.C. THE RETINA CENTER



REFERRAL FORM

I am sending this patient to you for assistance with his/her care. Please evaluate this patient's problem(s) or condition(s).

HARVEY
71 West 156th Street #400
Harvey, IL 60426-4265
(708) 596-8710
(708) 596-9820 Fax

Kirk H. Packo, M.D.
 Joseph M. Civantos, M.D.
 Jack A. Cohen, M.D.
 Vivek Chaturvedi, M.D.

INDIANA
10110 Donald S. Powers Drive
Suite 101-A
Munster, IN 46321-4057
(219) 922-9888
(219) 922-9088 Fax

Serge de Bustros, M.D.
 Kourous A. Rezaei, M.D.

FLOSSMOOR
Ingalls Family Care Center
19550 Governors Hwy #3800
Flossmoor, IL 60422-2144
(708) 647-9211
(708) 647-9333 Fax

Serge de Bustros, M.D.
 Sohail J. Hasan, M.D., Ph.D.
 Vivek Chaturvedi, M.D.

ORLAND PARK
Palos Health
15300 West Ave., Building C
Orland Park, IL 60462-4686
(708) 364-3240
(708) 364-7252 Fax

Serge de Bustros, M.D.
 Sohail J. Hasan, M.D., Ph.D.
 Kourous A. Rezaei, M.D.

JOLIET
300 Barney Drive #D
Joliet, IL 60435-5279
(815) 744-7515
(815) 744-7661 Fax

Joseph M. Civantos, M.D.
 John S. Pollack, M.D.

HINSDALE
12 Salt Creek Lane #110
Hinsdale, IL 60521-8605
(630) 789-5700
(630) 789-5702 Fax

Joseph M. Civantos, M.D.
 John S. Pollack, M.D.

OAK PARK
610 South Maple Avenue #1700
Oak Park, IL 60304-1096
(708) 660-8450
(708) 660-8454 Fax

Mathew W. MacCumber, M.D., Ph.D.
 Pauline T. Merrill, M.D.

RUSH
1725 West Harrison Street #915
Chicago, IL 60612-3835
(312) 942-2117
(312) 563-2607 Fax

Kirk H. Packo, M.D.
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 Mathew W. MacCumber, M.D., Ph.D.
 Pauline T. Merrill, M.D.

LOOP
25 East Washington Street #301
Chicago, IL 60602-1708
(312) 726-4949
(312) 726-2368 Fax

Timothy P. Flood, M.D.
 Pauline T. Merrill, M.D.
 Zac B. Ravage, M.D.
 Vivek Chaturvedi, M.D.

LINCOLN PARK
2845 North Sheridan Road #900
Chicago, IL 60657-7227
(773) 871-8444
(773) 871-4781 Fax

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 Mathew W. MacCumber, M.D., Ph.D.

SKOKIE
4711 West Golf Road #102
Skokie, IL 60076-1239
(847) 677-1340
(847) 677-2713 Fax

Jack A. Cohen, M.D.
 Zac B. Ravage, M.D.

LIBERTYVILLE
1800 Hollister Drive #207
Libertyville, IL 60048-5266
(847) 367-6911
(847) 367-6929 Fax

Jack A. Cohen, M.D.
 Zac B. Ravage, M.D.

DATE	PATIENT NAME	PATIENT D.O.B.	PATIENT PHONE
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20-0-0	Eye	Without Correction	With Correction	DILATE BOTH EYES	SPECIAL DILATING INSTRUCTIONS	
	RE					YES
	LE					NO

Ocular History: (Diagnostic justification for each eye if tests ordered)

RE	
LE	

PROCEDURE	PLEASE INDICATE AREAS OF SPECIAL INTEREST ON DRAWING
<input type="checkbox"/> Retinal Examination with Diagnostic Tests and Treatment, if indicated	
<input type="checkbox"/> Retinal Examination Only	
<input type="checkbox"/> Fluorescein Angiogram & Color Photographs Transit RE / LE	
<input type="checkbox"/> Color Photographs	
<input type="checkbox"/> OCT	
<input type="checkbox"/> Ultrasound	
<input type="checkbox"/> Other	

PRINTED REFERRAL NAME _____

REFERRAL SIGNATURE _____